

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

| | |
|---|---|
| PLAINTIFF FONDY CARTER | COURT CASE NUMBER 105CV-11335-NMG |
| DEFENDANT P.A. BROOKS | TYPE OF PROCESS Summon |
| SERVE Deven Medical Center NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 880, Ayer Massachusetts 01432 AT | |

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Fondy Carter
Federal Correction Institute
P.O. Box 6001
Portland, Ky 40005

Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

1

Check for service
on U.S.A.

U.S. ✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

1

District
of Origin

No. 32

District
to Serve

No. 38

Signature of Authorized USMS Deputy or Clerk

Kenny Salameh

Date

9/2/05

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service _____ Time _____ am
pm

Signature of U.S. Marshal or Deputy

| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|
| | | | | | | |

REMARKS:

served by cert mail 9/6/05 at

UNITED STATES DISTRICT COURT

District of

Massachusetts

FONDY CARTER

V.

Dr. Newland, et al

SUMMONS IN A CIVIL CASE

CASE NUMBER:

CA 05-11335-NMG

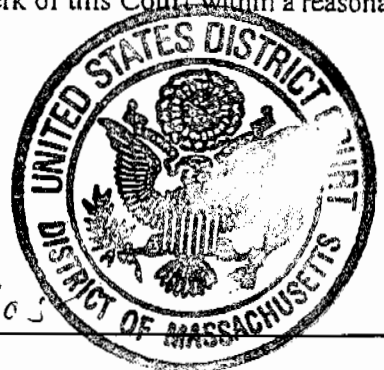
TO: (Name and address of Defendant)

P. A. BROOKS

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Fondy Carter, pro se

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.



Sarah A. Thornton

CLERK

DATE

7/13/05

Rebecca Green-Cory

(By) DEPUTY CLERK